FORM D

794323

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB Number:	3235-0076
Expires:	May 31, 2003
Estimated average l	burden
SEC US	E ONLY
Prefix	Serial
DATE R	ECEIVED

OMB APPROVAL

Name of Offering (check if this is an an Common stock, par value \$0.01 per sha		•	_	e.)	-	
Filing Under (Check box(es) that apply): Type of Filing: New Filing	Rule 504 Amendment	Rule 505	⊠ Rule 5	06 Secti	on 4(6) ULOE	_
	A. BASI	C IDENTIFICAT	TION DATA	(88) (88) ((18)	III BII BII BII BII BII BII BII BII BII	
1. Enter the information requested about the	ne issuer					_
Name of Issuer (check if this is an amendevel 3 Communications, Inc.	dment and name has	changed, and indi	cate change.))3028697	
Address of Executive Offices 1025 Eldorado Boulevard, Broomfield,	Telephone Number (Including Area Code) (720) 888-1000					
Address of Principal Business Operations (if different from Executive Offices)	(Number an	nd Street, City, Sta	te, Zip Code)	Telephone Numbe	r (Including Area Code)	
Brief Description of Business Provides co	ommunications and	l information ser	vices		PROCESSED	_
	tnership, already for tnership, to be forme		er (please spec	eify):	AUG 11 2003	_
Actual or Estimated Date of Incorporation o Jurisdiction of Incorporation or Organization	n: (Enter two-lett	Month Year 7 41 ter U.S. Postal Ser a; FN for foreign j		Estimated on for State:	THOMSON FINANCIAL	_

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Avenue, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97) 1 of 10



					
		A. BASIC	IDENTIFICATION DA	TA	
2. Enter the information	requested for the	e following:			
· Each promoter of	the issuer, if th	e issuer has been organize	ed within the past five year	rs;	
Each beneficial of the issuer;	wner having the	e power to vote or dispos	e, or direct the vote or dis	position, of, 10%	% or more of a class of equity securities of
Each executive of	fficer and direct	or of corporate issuers and	d of corporate general and	managing partn	ers of partnership issuers; and
· Each general and	managing partn	er of partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
Scott, Walter Jr.					
Business or Residence Add 1025 Eldorado Blvd., Broo	,	· · · · ·	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
Crowe, James Q.					
Business or Residence Add	•		Code)		
1025 Eldorado Blvd., Broo	· · · · · · · · · · · · · · · · · · ·				
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first	if individual)				
O'Hara, Kevin J.					
Business or Residence Add 1025 Eldorado Blvd., Broo	•		Code)		
Check Box(es) that Apply:	Promoter	· · · · · · · · · · · · · · · · · · ·	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Netravali, Arun	•				
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip	Code)		
1025 Eldorado Blvd., Broon	nfield, Colorado	o 80021			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, Miller, Charles C. III	if individual)		-		
Business or Residence Addi 1025 Eldorado Blvd., Broon			Code)	****	
Check Box(es) that Apply:	Promoter	Beneficial Owner	⊠ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, Patel, Sunit S.	if individual)			· u <u>a</u> <u></u>	
Business or Residence Addr 1025 Eldorado Blvd., Broor			Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Stortz, Thomas C.	if individual)		· · · · · · · · · · · · · · · · · · ·	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Business or Residence Address (Number and Street, City, State, Zip Code) 1025 Eldorado Blvd., Broomfield, Colorado 80021

		A. BASIC	IDENTIFICATION DA	TA	
2. Enter the information	equested for the	following:			
· Each promoter of	the issuer, if the	e issuer has been organize	ed within the past five year	rs;	
Each beneficial o the issuer;	wner having the	power to vote or dispose	e, or direct the vote or dis	position, of, 109	% or more of a class of equity securities of
	ficer and directo	or of corporate issuers and	d of corporate general and	managing partr	ners of partnership issuers; and
		er of partnership issuers.	. •	0 01	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first Reed, John T.	, if individual)				
Business or Residence Add 1025 Eldorado Blvd., Broo	•	•	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first	if individual)		· · · · · · · · · · · · · · · · · · ·		
Bay, Mogens C.					
Business or Residence Add 1025 Eldorado Blvd., Broot	•	•	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Mortensen, Eric J.					
Business or Residence Add	•	•	Code)		
1025 Eldorado Blvd., Broon Check Box(es) that Apply:		Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				Wianaging Latiner
Jaros, Richard R.	,				
Business or Residence Addr 1025 Eldorado Blvd., Broon	•	-	Code)		
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	☐ Director	General and/or
Check Box(es) that ripply.	Tromoter			Z Brector	Managing Partner
Full Name (Last name first, Julian, Robert E.	if individual)				
Business or Residence Addi 1025 Eldorado Blvd., Broor			Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, McCourt, David C.	if individual)				
Business or Residence Addr 1025 Eldorado Blvd., Broor			Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Yanney, Michael B.	if individual)				
Business or Residence Addr 1025 Eldorado Blvd., Broom			Code)		
	(Use bla	ank sheet, or copy and us	e additional copies of this	sheet, as necess	ary.)

		A. BASIC	IDENTIFICATION DA	TA	
2. Enter the information	requested for the	e following:			
Each promoter o	f the issuer, if the	e issuer has been organiz	ed within the past five yea	rs;	
Each beneficial of the issuer;	wner having the	e power to vote or dispos	se, or direct the vote or dis	sposition, of, 109	% or more of a class of equity securities of
Each executive o	fficer and directo	or of corporate issuers an	d of corporate general and	l managing partn	ners of partnership issuers; and
· Each general and	managing partn	er of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first Williams, Colin V.K.	, if individual)				
Business or Residence Add			Code)		
1025 Eldorado Blvd., Broo					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first	, if individual)				
Business or Residence Add	lress (Number ar	nd Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	, if individual)				
Business or Residence Add	ress (Number an	nd Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first	if individual)				
Business or Residence Add	ress (Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ess (Number an	d Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ess (Number and	d Street, City, State, Zip	Code)		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

						B. INFOI	RMATIO	N ABOUT	OFFERI	ING					
1. I	Tas the issu	ier sold, or	does the i	ssuer inter	nd to sell, t	o non-acci	redited inv	estors in the	nis offering	g?			***************************************	Yes	No
				Answ	er also in .	Appendix,	Column 2	l, if filing u	nder ULC	E.				ш	
2. V	What is the minimum investment that will be accepted from any individual										\$ <u>N/A</u>				
3. I	Does the of	fering pen	nit joint ov	wnership o	f a single	unit?	••••••	***************************************			•••••	•••••	••••••	Yes ⊠	No
r P ti	emunerationers	on for solic gent of a b) persons	citation of roker or d	purchasers ealer regis	s in connected with	ction with the SEC	sales of so and/or wit	ecurities in h a state o	the offeri	ng. If a p	erson to be of the br	e listed is oker or de	on or similar an associated aler. If more hat broker or		
Full N	ame (Last	name first	, if individ	ual)											
Busine	ess or Resi	dence Add	ress (Num	ber and St	reet, City,	State, Zip	Code)							7.8	
Name	of Associa	ted Broke	r or Dealer										····		
States	in Which I	Person List	ted Has So	licited or l	ntends to	Solicit Pur	chasers		 				-		
	(Check	: "All State	es" or chec	k individu	al States).			•••••						🔲 All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	(AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full N	ame (Last					<u> </u>					<u> </u>				
Busine	ess or Resid	lence Add	ress (Num	ber and St	reet, City,	State, Zip	Code)								
Name	of Associa	ted Broker	or Dealer											15.3	
States	in Which P	erson List	ed Has So	licited or I	ntends to S	Solicit Pur	chasers		<u> </u>				-		
((Check "All	States" or	check indi	ividual Sta	tes)									🗌 All S	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]			
Full Na	ame (Last r	name first,	if individu	ıal)											
Busine	ss or Resid	lence Addi	ess (Numb	per and Str	eet, City,	State, Zip	Code)		<u>.</u>						
Name	of Associat	ed Broker	or Dealer												
States i	n Which P	erson List	ed Has Sol	icited or In	ntends to S	Solicit Purc	chasers						-		
(0	Check "All	States" or	check indi	vidual Sta	tes)			•••••••	•••••	••••••	•••••		••••••	🔲 All S	States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSE	S AND USE OF PROCE	EEDS
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	_ \$
	Equity	\$	
	□ Common □ Preferred	\$29,045,722*	
	Convertible Securities (including warrants) options	\$	
	Partnership Interests		<u> </u>
		\$	_
	Other (Specify)	\$	\$
	Total	\$	
	Answer also in Appendix, Column 3, if filing Under ULOE	<u> </u>	
*Th Con	is amount represents the total value of Level 3 Communications, Inc. common stonmunications, Inc. as consideration for their shares of Telverse Communications, Inc.	ock received by certain se common stock.	curityholders of Telverse
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings Under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		
	Non-accredited Investors		
	Total (for filings Under Rule 504 only)		<u></u>
	Answer also in Appendix, Column 4 if filing under ULOE		
3.	If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees] \$
	Printing and Engraving Costs		\$
	Legal Fees	⊠	\$180,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (Specify finder's fees separately)		\$
	Other Expenses (identify)		\$
	Total	⊠	\$180,000

	C. OFFERING PRICE, NUMBER OF I	NVESTORS, EXPENSE	S AND U	SE OF PROCE	EDS
	b. Enter the difference between the aggregate offering to Part C - Question 1 and total expenses furnished Question 4.a. This difference is the "adjusted gross pro	in response to Part C -			\$ <u>28,865,722</u>
5.	Indicate below the amount of the adjusted gross proce proposed to be used for each of the purposes shown. purpose is not known, furnish and estimate and check estimate. The total of the payments listed must exproceeds to the issuer set forth in response to Part C - C	If the amount for any the box to the left of the qual the adjusted gross	D	ayments to Officers, birectors, & Affiliates	Payments To Others
	Salaries and fees		S		□ \$
	Purchase of real estate		□ \$		□ \$
	Purchase, rental or leasing and installation of machiner	y and equipment	□ \$		□ \$
	Construction or leading of plant buildings and facilities	S	□ \$		□ \$
	Acquisition of other businesses (including the value involved in this offering that may be used in exchange of securities of another issuer pursuant to a merger)	e for the assets	□ \$		
	Repayment of indebtedness		□ \$		□ \$
	Working capital		□ \$		□ \$
	Other (specify)		□ \$		□ \$
i	Column Totals Total Payments Listed (column totals added)			⊠ \$ <u>28,8</u>	
	D. FEDE	RAL SIGNATURE			
followi	suer has duly caused this notice to be signed by the under an angle of its staff, the information furnished by the issuer to any	ersigned duly authorized postures of furnish to the U.S. Second investor	person. I jurities an pursuant	f this notice is filed Exchange Conto paragraph (b)	nmission, upon written 2) of Rule 502.
	Print or Type) Communications, Inc.	Signatur		Date 8/5	103
	of Signer (Print or Type) s C. Stortz	Title of Signer (Print or General Counsel and Se		evel 3 Communic	cations, Inc.
		ATTENTION			
	Intentional misstatements or omissions of fact c	onstitute federal criminal v	iolations.	(See 18 U.S.C. 100)	1).